Film#G166 Item# 9 5/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04998

CERTIFICATE OF DEATH

Dr. Insly 5034

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 S. Division St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural, give location) 406 S. Division St

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) BARKER (Last) ACKERLEY

4. DATE OF DEATH: (Month) MAY (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1871

9. AGE last birthday: ~~83~~ 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capt. of Private Yacht

10b. KIND OF BUSINESS OR INDUSTRY: Boating

11. BIRTHPLACE (State or foreign country): St. John, New Brunswick Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Unk) Ackerley

14. MOTHER'S MAIDEN NAME: (Unk) Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ~~Unk~~ (If Yes, give war or dates of service) Spanish American Vet.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. G. Alnora Ackerley (Wife) 406 S. Div. St.

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442x

Immediate cause (a) Cardiovascular renal disease

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 5-8, 1954, that I last saw the deceased alive on 5-6, 1954, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS E. Main St. Salisbury, Maryland DATE SIGNED May 10 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 12, 1954

NAME OF CEMETERY OR CREMATORY Kendallville Cemetery

LOCATION (City, town, or county) (State) Kendallville, Ind.

DATE REC'D BY LOCAL REG. 5-10-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04999

5035 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head Hospital 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill 23X-2
STREET ADDRESS (If rural, give location) Church St.

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Fristoe (Last) Allen
4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1954
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 9. 1878
9. AGE last birthday: 76-3-29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of ~~work done~~ during most of working life, even if retired): Attorney at Law
10b. KIND OF BUSINESS OR INDUSTRY: N.W. Railroad Co
11. BIRTHPLACE (State or foreign country): Norfolk Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lingan Boteler Allen
14. MOTHER'S MAIDEN NAME: Estelle Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ~~no, or~~ unk.) 70 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Estelle S. Allen, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1
Immediate cause (a) Cerebral thrombosis
DUE TO
Antecedent cause(s) (b) Arteriosclerosis general
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last ~~DUE TO~~ (c) Arteriosel. Cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1954, to 5/8, 1954, that I last saw the deceased alive on 5/8, 1954, and that death occurred at 4:20 A.m., from the causes and on the date stated above.
SIGNATURE V Guerman (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital Salisbury Md DATE SIGNED 5-9-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 10/54
NAME OF CEMETERY OR CREMATORY Greenwood
LOCATION (City, town, or county) Temperanville (State) Va.
DATE REC'D BY LOCAL REG. 5-9-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Timmins, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 11 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05000

5036

Item 9 film G166 6/4/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury 12 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin 23x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Rogers (Last) Baker

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 11, 1895

9. AGE Last birthday: 58 XXX yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berlin Md (RFD)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Rogers

14. MOTHER'S MAIDEN NAME: Kate Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mr. Clayton Baker, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Vascular Disease — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1954, to 5-9, 1954, that I last saw the deceased alive on 5-9, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilbur G. Ellis, M.D. Salisbury, Md. 5-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/11/54 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) (State) Berlin Md.

DATE REC'D BY LOCAL REGISTRAR 5-11-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Anna A. Burbage — ADDRESS Berlin Md

RECEIVED
MAY 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05001

5066 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 4 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt.#2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): Rt.#2

3. NAME OF DECEASED: (Type or Print) (First) BERNICE (Middle) ESTELLE (Last) BOUNDS

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1901

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah White

14. MOTHER'S MAIDEN NAME: Adele Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Millard H. Bounds Sr. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) coronary occlusion — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) coronary arteriosclerosis — 5 yrs
DUE TO (c) hypertension essential, hypokinesia + arteriosclerotic heart disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 52, to May 18, 19 54, that I last saw the deceased alive on May 18, 19 54, and that death occurred at 9 30 PM, from the causes and on the date stated above.

SIGNATURE W. H. Holler (Degree or title) M.D. — ADDRESS Delmar Md. — DATE SIGNED 5-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/21/54 — NAME OF CEMETERY OR CREMATORY: Siloan Cemetery — LOCATION (City, town, or county) (State): Siloan, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5-20-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: The Hill & Johnson Co. Salisbury, Md.

George C. Hill II

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05002

5037

CERTIFICATE OF DEATH

Reg. Dist. No. 322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Salisbury 12
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 Clay Street +

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury 12
STREET ADDRESS (If rural, give location): 210 Clay Street

3. NAME OF DECEASED: (Type or Print) (First) LARRY (Middle) GREENSBURY (Last) BROWN

4. DATE OF DEATH: (Month) MAY (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 21, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 2 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming(RetiredOn Own Farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): R.D. # Pittsville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Brown

14. MOTHER'S MAIDEN NAME: ---------- Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Gardner W. Brown (Son) Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4

Immediate cause (a) Pulmonary Heart Disease (Arteriosclerotic) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arterio-sclerosis — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Complete loss of circulation Rt Leg. — 1 week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6 54 to May 14 54, that I last saw the deceased alive on May 13, 1954, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Broad & Church Sts. Salisbury, Md. DATE SIGNED: May 16, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 17, 1954

NAME OF CEMETERY OR CREMATORY: Parsons Cemetery

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 5-17-54

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

RECEIVED
MAY 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05003

Dr. Earl M. Beardsley 5067 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Pittsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location) R.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) NAOMI (Middle) (UNK) (Last) BROWN

4. DATE OF DEATH: (Month) MAY (Day) 24 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 20, 1878

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months 2 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): R.D. # 1 Pittsville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Unk)

14. MOTHER'S MAIDEN NAME: (Unk) Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Ray Powell (Step Grand Son) R.D. # 1

18. MEDICAL CERTIFICATION Pittsville, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) essential hypertension — 3 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 54 May 24, 19 54 that I last saw the deceased alive on May 24, 19 54, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

SIGNATURE Earl M. Beardsley (DEGREE OR TITLE) ADDRESS E. Church St. Salisbury, Md. DATE SIGNED May 24, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 26, 1954 — NAME OF CEMETERY OR CREMATORY Riverside Cemetery — LOCATION (City, town, or County) Near Powellville, Maryland (State)

DATE REC'D BY LOCAL REG. 5-24-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY — ADDRESS SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
MAY 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05004

5038 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury 12 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural, give location) Ocean City Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Causey

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 5 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Oyster Packer.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry W. Causey

14. MOTHER'S MAIDEN NAME: Matilda Brereton.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331 X

Immediate cause (a) Cerebro-Vascular accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis

DUE TO

(c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28 1954, to 5/4 1954, that I last saw the deceased alive on 5/3 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Salisbury, Md. — DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/6/54 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Mt Vernon — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-5-54 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR James Dennis — ADDRESS Princess Anne, Md

VS. A15

RECEIVED
MAY
BUREAU V. S.

05005

MARYLAND · 5068

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 832

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillords
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillords
STREET ADDRESS (If rural, give location) No number.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Thomas (Last) Cooper

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 19, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY: Timber Cutter

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Cooper.

14. MOTHER'S MAIDEN NAME: Rose Jane Townsend.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 212-16-1412

17. INFORMANT AND ADDRESS: Mrs Rose Cooper Hillords, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1954, to 5-1, 1954, that I last saw the deceased alive on 4-27, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank R. Lewis M.D. ADDRESS Hillords Md. DATE SIGNED 5-2-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE: May 4, 1954

NAME OF CEMETERY OR CREMATORY: Cooper

LOCATION (City, town, or county) (State): Hillords, Md.

DATE REC'D BY LOCAL REG.: 5-5-54

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Peter Whaley

ADDRESS: Dillsgrove Del.

RECEIVED
MAY 1 - 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05006

5039 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City 2 x 2
STREET ADDRESS (If rural give location) 205 Caroline St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Adella (Middle) (Last) Cullen

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan 4, 1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 4 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Mitchell
14. MOTHER'S MAIDEN NAME: Amanda Bowden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Louis Cullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X

Immediate cause (a) Acute Cholecystitis c̄ Pancreatitis — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Cholecystitis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1954, to 5/26, 1954, that I last saw the deceased alive on 5/25, 1954, and that death occurred at 5:20 AM, from the causes and on the date stated above.

SIGNATURE William B. Long (Degree or title) M.D. ADDRESS 226 N Division St Salisbury Md. DATE SIGNED 5/26/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 5-29-54
NAME OF CEMETERY OR CREMATORY Bethel cemetery
LOCATION (City, town, or county) Ocean View (State) Del.
DATE REC'D BY LOCAL REGISTRAR 5-26-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Watson & Gray Frenkford ADDRESS Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05007

5040

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD 2, Princess Anne
STREET ADDRESS (If rural give location) near Perryhawkin

3. NAME OF DECEASED: (Type or Print) (First) Woodland (Middle) F. (Last) Culver

4. DATE OF DEATH: (Month) May (Day) 1st. (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Jan 7, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Culver
14. MOTHER'S MAIDEN NAME: Adeline Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Marion J. Culver, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 446X (a) Uremia — Interval Between Onset And Death 6 weeks

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis — Not known

DUE TO

(c) Dissecting aneurysm of aorta — 1 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/ 1954, to 5/1/ 1954, that I last saw the deceased alive on ..... 19..., and that death occurred at 2:45 p.m. from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED May 1, 1954

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 5-4-54
NAME OF CEMETERY OR CREMATORY Immanuel ME Cemetery
LOCATION (City, town, or county) (State) East Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR 5-5-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05008

5041

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury R 7 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allen R 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Lewis

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 12, 1897

9. AGE last birthday: yrs. 56 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): South Carolina.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-16-8188

17. INFORMANT & ADDRESS: Sarah Jones, Westover R.R., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset And Death: Wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of Bladder — Interval Between Onset And Death: Yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954 to May 1, 1954, that I last saw the deceased alive on May, 1954, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

SIGNATURE Earl Royer (Degree or title) M.D. | ADDRESS 407 Camden Ave | DATE SIGNED 4 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-7-54 | NAME OF CEMETERY OR CREMATORY St Paul Cemetery | LOCATION (City, town, or county) Pocomoke, Md | (State)

DATE REC'D BY LOCAL REGISTRAR 5-4-54 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR William H Jones Jr | ADDRESS Princess Anne Md

VS. A15

RECEIVED
MAY 6 - '54
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05009

CERTIFICATE OF DEATH

5042 Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne (Mt. Vernon); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) A. (Last) Downs

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 6, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Saw Mill Operator

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Downs

14. MOTHER'S MAIDEN NAME: Evangelin Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT'S ADDRESS: Mr. W. M. Downs, Mt. Vernon Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1954, to 5-19, 1954, that I last saw the deceased alive on 5-19, 1954, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD — ADDRESS Salisbury, Md — DATE SIGNED 5-19-54

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF 5-21-54; NAME OF CEMETERY OR CREMATORY Bethebeth Baptist; LOCATION (City, town, or county) (State) Bethebeth, Md.

DATE REC'D BY LOCAL REGISTRAR 5-19-54; REGISTRAR'S SIGNATURE Mary M. Holloway; FUNERAL DIRECTOR James Hinman, ADDRESS Princess Anne, Md.

Per. M W H

VS. A15

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05010

5069 **CERTIFICATE OF DEATH** Reg. Dist. No. 335

1. PLACE OF DEATH:
COUNTY WICOMICO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARDELA
LENGTH OF STAY (in this place) 22 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIVERTON

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY WICOMICO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARDELA
STREET ADDRESS (If rural give location) RIVERTON

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) WOOLVINGTON (Last) ECKLE
4. DATE OF DEATH: (Month) MAY (Day) 15 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: DEC 13 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: RUDOLPH D. DAVID
14. MOTHER'S MAIDEN NAME: MARGAURITE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS RICHARD ANDREWS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 6 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7th, 1954, to May 14th, 1954, that I last saw the deceased alive on May 14th, 1954, and that death occurred at 4:20 P.M. from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron Md. DATE SIGNED May 16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/18/54 NAME OF CEMETERY OR CREMATORY RIVERTON LOCATION (City, town, or county) (State) MARDELA, MD

DATE REC'D BY LOCAL REGISTRAR 5/18/54 REGISTRAR'S SIGNATURE Mary C. Owens

24. FUNERAL DIRECTOR Paul J. Smith, Sheriffton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05011

5043 CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 224 Delaware Street

3. NAME OF DECEASED: (Type or Print) (First) Demerest (Middle) Marie (Last) Elzey

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: About 1902

9. AGE last birthday: About 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): Quantico, Wicomico Co.Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gale

14. MOTHER'S MAIDEN NAME: Susan Anna Cropper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) N■

16. SOCIAL SECURITY No.: 214-32-0990

17. INFORMANT & ADDRESS: Gardner Elzey, 224 Del. St., Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Essential Hypertension & Uremia — Interval Between Onset And Death

4471

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3 ..., 19 54, to 5/5 ..., 19 54, that I last saw the deceased alive on 5/5 ..., 19 54, and that death occurred at 11:50 am from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

F. R. Granie M.D. Salisbury Md 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-9-'54 — NAME OF CEMETERY OR CREMATORY: Green Acres Memorial Park — LOCATION (City, town, or county) (State): Salisbury, Wicomico Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 5-7-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS

Mary A. Stewart, 324 E. Church Street

STEWART FUNERAL HOME Salisbury, Maryland

RECEIVED
MAY 11 1954
BUREAU V. S

05012

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5044

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Ira M (Middle) (Last) English

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 4-1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mardela Springs Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac English
14. MOTHER'S MAIDEN NAME: Martha Kennerly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 3 days.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Meta static Carcinoma — ?

DUE TO

(c) Ca of Stomach — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30 1954, to 5/14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE B J Hore (Degree or title) MD ADDRESS Deerhead Hosp. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/16/54
NAME OF CEMETERY OR CREMATORY Mardela, Md
LOCATION (City, town, or county) Mardela (State) Md

DATE REC'D BY LOCAL REGISTRAR May 16, 1954
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J Smith ADDRESS Slaytown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19
BUREAU V. S

05013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5070

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar — LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3	STREET ADDRESS (If rural, give location) RFD # 3

3. NAME OF DECEASED (Type or Print) (First) Sylvester (Middle) (Last) Green				4. DATE OF DEATH (Month) May (Day) 8 (Year) 1954			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 28, 1891	9. AGE last birthday 62 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Horace Green		14. MOTHER'S MAIDEN NAME Harriett Mann					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W # 1	16. SOCIAL SECURITY No. 218 16 7989	17. INFORMANT AND ADDRESS Mary Green, Delmar, Del.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X Immediate cause (a) Metastatic carcinoma, generalized — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Carcinoma of Lung — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/5, 195X, to death, 19....., that I last saw the deceased alive on 5/8, 195X, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest M. Larmore	M.D.	Delmar, Del.	5/10/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-11-54	NAME OF CEMETERY OR ~~CREMATORY~~ Melsons	LOCATION (City, town, or county) (State) Delmar, Del.
DATE REC'D BY LOCAL REG. May 10, 1954	REGISTRAR'S SIGNATURE Harry E. Hardson	24. FUNERAL DIRECTOR W. S. Mann Co.	ADDRESS Delmar, Del.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY. 12 1954
BUREAU V. S.

Salisbury

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05014

5045 **CERTIFICATE OF DEATH**

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury Rt 2; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) William (First) Leonard (Middle) Hopkins (Last)

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 19, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Dairy Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Mardel Packing Co

11. BIRTHPLACE (State or foreign country): Wicomico Co., Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Washington Hopkins

14. MOTHER'S MAIDEN NAME: Emmaline Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: George E. Hopkins, Mardela Springs Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic cardiovascular disease	4 years
	DUE TO (c) Peripheral vascular gangrene Rt great toe	6 weeks
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1954, to May 19, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 5:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.A. Rademaker M.D. Salisbury Md 5-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-22-54 NAME OF CEMETERY OR CREMATORY Bar Dominga Cemetery LOCATION (City, town, or county) Near Sharptown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-20-54 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR J.J. Crampton Son Federalsburg Md ADDRESS

VS. A15

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05015

5046 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) Elizabeth (Last) HORNE

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEP.
8. DATE OF BIRTH: OCT. 10, 1913
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank E. Timmons
14. MOTHER'S MAIDEN NAME: Lillie M Wooten

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 221-09-4861
17. INFORMANT & ADDRESS: Mrs. Betty Taylor, Berlin, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 590 X (a) Anemia — Interval Between Onset And Death: 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Glomerulonephritis — 2 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Microcytic Anemia, Severe

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19...., that I last saw the deceased alive on ....., 19..... and that death occurred at 1:14 A.M., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED May 31 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-2-54 NAME OF CEMETERY OR CREMATORY Red Mens Cemetery LOCATION (City, town, or county) Dagsboro (State) Del.

DATE REC'D BY LOCAL REGISTRAR 6-1-54 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Burbage, Berlin, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05016

CERTIFICATE OF DEATH

Dr. Sohler · 5071

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # 2 Spring Hill Road (Route # 50)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R.D. # 2 Spring Hill Rd. (Route #50)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) JANE (Last) HOWARD

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 16, 1879

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Sharptown Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cadimus Bailey

14. MOTHER'S MAIDEN NAME: Eleanor Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Newell T. Howard (Son) R.D. #2 Spring Hill Rd. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Acute pulmonary edema — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic heart disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: 1.) Emphysema pulmonum, 2.) acute + chronic bronchitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51, to May 18, 19 54, that I last saw the deceased alive on May 17 54, 19....., and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE: W. A. Sohler (DEGREE OR TITLE) M.D. ADDRESS: Delmar, Delaware DATE SIGNED: May 18 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 21, 1954

NAME OF CEMETERY OR CREMATORY: Red Men Cemetery

LOCATION (City, town, or county) (State): Sharptown, Maryland

DATE REC'D BY LOCAL REG. 5-20-54

REGISTRAR'S SIGNATURE: Mary W. Holloway Walter R. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05017

5072

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland X

LENGTH OF STAY (in this place): Most of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Fruitland

STREET ADDRESS (If rural give location): Broadway

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Ellen (Last) Hudson

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: About 1884

9. AGE Last birthday: About 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Teacher - Midwife

10b. KIND OF BUSINESS OR INDUSTRY: Public School-Community

11. BIRTHPLACE (State or foreign country): Princess Anne, Somerset Co.

12. CITIZEN OF WHAT COUNTRY? Md. U.S.A.

13. FATHER'S NAME: John Harman

14. MOTHER'S MAIDEN NAME: Mary Dutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Mary Hudson, Park St., Fruitland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Cerebral Hemorrhage — 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO: (b) Hypertension

DUE TO: (c) Senility

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1954, to May 31, 1954, that I last saw the deceased alive on May 31, 1954 and that death occurred at 3:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee L Lowry — ADDRESS: Fruitland — DATE SIGNED: 6-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-3-'54 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county) (State): Fruitland, Wicomico Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 6-2-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 324 E. Church Street, Salisbury, Md.

RECEIVED
JUN 7 1954
BUREAU V. S.

05018

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5047

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) (Last) Huffman

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: 11/17/1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farmer
11. BIRTHPLACE (State or foreign country): Keyser, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Huffman
14. MOTHER'S MAIDEN NAME: Anna Sions

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~UNK~~ 70 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Mary Davis, Fruitland, Md Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 24 h

DUE TO

Antecedent cause(s) (b) Bronchial asthma — 14 y.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — ?

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/1954, to 5/27/1954, that I last saw the deceased alive on 5/27/54, 19....., and that death occurred at 7:45 m., from the causes and on the date stated above.

SIGNATURE D. V. Mathe, M.D. (DEGREE OR TITLE) Deer's Head St. Hospital Salisbury Md. ADDRESS DATE SIGNED 5/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 29/54
NAME OF CEMETERY OR CREMATORY Adams
LOCATION (City, town, or county) Westover, (State) Md

DATE REC'D BY LOCAL REG. 5-29-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05019

5073

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Wicomico — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela
   LENGTH OF STAY (in this place): All life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home X - Route # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Wicomico
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela
   STREET ADDRESS (If rural give location): Route # 1

3. NAME OF DECEASED: (First) James (Middle) Ephraim (Last) Hull

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: About 1882

9. AGE last birthday: About 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Mardela, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephraim Hull

14. MOTHER'S MAIDEN NAME: Cinna Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. George Hull, Mardela, Md. Rt. # 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/54 1954, to 5/26, 1954, that I last saw the deceased alive on 5/26, 1954, and that death occurred at 6.30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Wilbur Hall MD — ADDRESS H 2 Mar — DATE SIGNED 5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-2-'54 — NAME OF CEMETERY OR CREMATORY: John Wesley Cemetery — LOCATION (City, town, or county) (State): Mardela, Wicomico Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 6/1/54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Mary A. Stewart — ADDRESS: 324 E. Church Street, Salisbury, Md.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Sembly 05020

5074

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicomico COUNTY md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland, md. LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland X md
STREET ADDRESS (If rural give location) Rural.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Hutt.
4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH: 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Snow Hill. md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Hutt.
14. MOTHER'S MAIDEN NAME: not known
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Sallie Hutt.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — Unk.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, Cystitis — 17 Yr.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952 to May 27, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 4 00 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Herbert Sembly M.D. ADDRESS Salisbury Md DATE SIGNED 5/29/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 5-30-53 NAME OF CEMETERY OR CREMATORY West Post Office Cem LOCATION (City, town or county) West Post Office Somerset (State) md

DATE REC'D BY LOCAL REGISTRAR 5-29-54 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR Booker M. Leech ADDRESS Salisbury md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05021

5048 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Pemberton Drive R.5.

3. NAME OF DECEASED: (First) (Middle) Johnson (Last)

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 5-7-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 7 Min. 42

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Mary Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity; Respiratory Failure — Interval Between Onset And Death: Life

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7/, 1954, to 5/7/, 1954, that I last saw the deceased alive on ....., 19.., and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Osborn Christensen M.D. Salisbury, Md. 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

5/9/54 Peninsula General Hospital Salisbury Wic. Md.

DATE REC'D BY LOCAL REGISTRAR 5-10-54 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS

2054162291

VS. A15

RECEIVED
MAY 12 1954
BUREAU V. S.

Item 8 film G 166 5/26/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05022

CERTIFICATE OF DEATH

Reg. Dist. No. 332

5075

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: WHITE HAVEN — LENGTH OF STAY (in this place): 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Haven
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Charles (Middle) R. (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 27 Mar. 1895

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster House

11. BIRTHPLACE (State or foreign country): White Haven

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kzd Jones

14. MOTHER'S MAIDEN NAME: Mary Emily Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Louise Jones, White Haven, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardiac Failure — Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerotic Heart Disease — 8 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Oct, 1948, to 16 May, 1954, that I last saw the deceased alive on 16 May, 1954, and that death occurred at 6.30 PM; from the causes and on the date stated above.

SIGNATURE (Degree or title): Lyle A. Saunders M.D. — ADDRESS: Dan Tucker Md. — DATE SIGNED: 5/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 20, 1954 — NAME OF CEMETERY OR CREMATORY: White Haven Cem. — LOCATION (City, town, or county) (State): Wicomico, Md.

DATE REC'D BY LOCAL REGISTRAR: 5-19-54 — REGISTRAR'S SIGNATURE: Mary M. Holloway — **24. FUNERAL DIRECTOR** — ADDRESS: Cornelius P. Messick, Bivalve, Maryland

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05023

5049 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen'l Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 100 Payne Ave

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) — (Last) Larsen
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Nov. 11, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Office
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christian P. Larsen
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 326-05-5960A
17. INFORMANT & ADDRESS: Mrs. John T. Olsen, Pocomoke, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1638

Immediate cause (a) Pulmonary embolus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of lung c̄ metastasis and

DUE TO (c) phlebothrombosis, rt. leg.

Interval Between Onset And Death: 1 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1954, to 5-26, 1954, that I last saw the deceased alive on 5-26, 1954, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Fisher Jr. ADDRESS Salisbury Md. DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-2-54
NAME OF CEMETERY OR CREMATORY Cedar Park Cem.
LOCATION (City, town, or county) (State) Chicago, Ill.
DATE REC'D BY LOCAL REGISTRAR 5-28-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05024

Dr. Charles Fisher 5050 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 800 South Division St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 800 South Division St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY	ELLEN	LIVINGSTON	MAY	1	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 10, 1865	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Work	At Home	Worcester County Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elizah W. Shockley	Mary A Givans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Miss. Beulah E. Livingston (Daughter) 800 S. Division St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (490X)	(a) Pneumococcic Meningitis	about 10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pleuro-pneumonia	1 month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Apr. 24, 1954, to May 1st, 1954, that I last saw the deceased alive on Apr. 30th, 1954, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Chas. F. Fisher M.D.	Cor. N. Division & Church Sts. Salisbury, Md	5/3/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 8, 1954	Parsons Cemetery	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-8-54	Mary M. Holloway	HOLLOWAY & COMPANY	SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
MAY 11 1954
BUREAU

Item 18 Film G166 5/21/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05025

5051 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton 25X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Aletha (Middle) J (Last) Manuel

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 31, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 11 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Stockton, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Tull
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Asbury Manuel, Stockton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X
Immediate cause (a) Apoplexy - site not known — Interval Between Onset And Death: 30 Hours
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Left Breast — 24 yrs app.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7/, 1954, to 5/11/, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 5:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John M. Bloxom III M.D. ADDRESS 324 N. Division, Salisbury, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-15-54 NAME OF CEMETERY OR CREMATORY Home Beneficial LOCATION (City, town, or county) (State) Stockton, Md.

DATE REC'D BY LOCAL REGISTRAR 5-13-54 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1954
BUREAU V. S.

Film#G166 Item# 7 5/21/54 emf 5052

05026

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 134 Delaware Ave.

3. NAME OF DECEASED: (Type or Print) (First) Vealis (Middle) (Last) Matthews

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7/12/04

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Accomack, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mack Matthews

14. MOTHER'S MAIDEN NAME: Mattie Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nellie Shockley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5/6/54

NAME OF CEMETERY OR CREMATORY Fruitland Cemetery

LOCATION (City, town, or county) (State) Fruitland, Md.

DATE REC'D BY LOCAL REG. 5-6-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Brooks M Westy ADDRESS Salisbury, Md

RECEIVED
BUREAU V. S.

05027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5053 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury; LENGTH OF STAY (In this place) /; HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Beauchamp St X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 705 Beauchamp St.

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) E (Last) MC INTYRE

4. DATE OF DEATH: (Month) MAY (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 18, 1890

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Allen, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Twilley

14. MOTHER'S MAIDEN NAME: Williamanna Pollitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Ray McIntrye (Husband) Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) coronary arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) instant death (b) ? (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. bronchial asthma, hypertension essential. ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 52, to 5-16, 19 54, that I last saw the deceased alive on 5-14, 19 54, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R. S. Fohler M.D. ADDRESS Delmar, Delaware DATE SIGNED May 17, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 19, 1954

NAME OF CEMETERY OR CREMATORY Allen Church Cemetery

LOCATION (City, town, or county) Allen, Maryland (State)

DATE REC'D BY LOCAL REG. 5-17-54

REGISTRAR'S SIGNATURE Mary M. Holloway Walter R. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
MAY 20 1954
BUREAU V. S.

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05028

Item 9 film G166 6/3/54 cm 5054

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portsville
STREET ADDRESS (If rural, give location) ---------

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARGARET	V.	MILONE	MAY	14	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug. 14, 1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	At Home	Italy	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael ----------	Conziglio Losita

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mr. Rieugiero Milone (Husband) Portsville, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1561

Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3-6 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
June 6 54	Liver filled C Carcinoma Nodules	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3 19 54 to May 14 19 54, that I last saw the deceased alive on May 14 19 54, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William B. Long	M.D.	N. Division St. Salisbury, Md.	May 19 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 18, 1954	Odd Fellow Cemetery	Laurel, Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-54	Mary W. Holloway	Windsor & Disharoon Funeral Home	Laurel, Del.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05029

5055 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury / LENGTH OF STAY (in this place) All life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - 316 Ellen Street	STREET ADDRESS (If rural give location) 316 Ellen Street

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Arecenia (Last) Morris

4. DATE OF DEATH: (Month) 5 - (Day) 26 - (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: About 1890

9. AGE last birthday: About 64 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School Salisbury Elementary

11. BIRTHPLACE (State or foreign country): Salis. Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Morris

14. MOTHER'S MAIDEN NAME: Clara Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Margaret Kimble, 316 Ellen St. Salis. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Morphosis — Interval Between Onset And Death: 10 mos. 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C-V Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☑ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1954, to 5/25, 1954, that I last saw the deceased alive on 5/24, 1954, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William D. Gray M.D. ADDRESS Salisbury Md. DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 5-30-'54 NAME OF CEMETERY OR CREMATORY Green Acres Memorial Park LOCATION (City, town, or county) (State) Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR 5-28-54 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Mary A. Stewart, 324 E. Church St., Salisbury, Md. ADDRESS

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

05030

5076

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Rd. R.D. # 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury (Rural)
STREET ADDRESS (If rural, give location) R.D. # 4

3. NAME OF DECEASED (Type or Print) (First) THERESA (Middle) D. (Last) MORRIS
4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 1, 1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Fruitland Md. Wicomico Co.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Brumbley
14. MOTHER'S MAIDEN NAME Ellen (Unk)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Clifton Morris (Daughter In Law)

18. MEDICAL CERTIFICATION E. Locust St. Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity severe arteriosclerotic cardiovascular disease — [illegible] 3 yrs

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L A Rodemaker (Degree or title) M. D. ADDRESS Salisbury Md Died- 9:30 P.M. DATE SIGNED 5/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 23, 1954
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury Maryland (State)
DATE REC'D BY LOCAL REG. 5-23-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 25 1954
BUREAU OF S.

5056 05031

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 24 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bishops 2 x 2; STREET ADDRESS (If rural, give location) ↓

3. NAME OF DECEASED: (Type or Print) (First) Larry (Middle) D (Last) Mumford

4. DATE OF DEATH (Month) May (Day) 8th (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	C			49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
General Laborer	carpntr	Worcester Co Md.	U.S.A.

13. FATHER'S NAME: Joe Mumford

14. MOTHER'S MAIDEN NAME: Anna Bassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	220-28-0703	Joe Mumford 658 N. 45th St Philadelphia. Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause — (a) 819X Internal Hemorrhages DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Ruptured Spleen & Ruptured Pancreas DUE TO

(c) Due to accident

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Car struck a Culvert

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
5/8th/54	Ruptured Spleen & Ruptured Pancreas & Hemorrhages	Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Sunday May 3rd	Between Bishopville Worcester Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
		Car deceased was driving struck Culvert

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. E. Parsons M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 5/9/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 13, 1954	Nash Dukes	Bishop Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-11-54	Mary W. Holloway	Henry T. Watson	Pocomoke City, Md.

MAY 13 1954

BUREAU V. S

05032

MARYLAND STATE DEPARTMETT OF HEALTH

5077

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Camden Ave Ext

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Camden Ave Ext

3. NAME OF DECEASED (Type or Print) (First) Evaline (Middle) (Last) Owens

4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1954

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 30 1876
9. AGE last birthday 77 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James McGrath
14. MOTHER'S MAIDEN NAME Lidia Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Ralph Porter Princess Anne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 17 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 5-17-54, 19....., that I last saw the deceased alive on 5-17-54, 19....., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Lee L Lowry (Degree or title) MD ADDRESS Fruitland Md DATE SIGNED 5-17-54

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE May 20 1954
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 5-20-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne Md

RECEIVED
MAY 24 1954
BUREAU V. S.

(Dr. Lowry) 05033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5078

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location) R. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) CORA (Last) OWENS

4. DATE OF DEATH: (Month) MAY (Day) 15 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 31, 1877

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR: Months 11 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Northampton County Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aden Carpenter

14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Milton Owens (Son) Fruitland Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage. — Interval Between Onset and Death: 3 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to Dec 4, 19....., that I last saw the deceased alive on May 15, 1954 and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE Lee L Lowry M.D. (DEGREE OR TITLE) ADDRESS Fruitland Md. DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 18, 1954

NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park

LOCATION (City, town, or county) (State) Salisburyl Maryland

DATE REC'D BY LOCAL REG. 5-17-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
MAY 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05034

Dr. Frank Lewis 5079

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wiconico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Willards
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hearn Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location) R. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) MAE (Last) PARSONS
4. DATE OF DEATH: (Month) MAY (Day) #3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 11,1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House Work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Powellville, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Ellis
14. MOTHER'S MAIDEN NAME: Amelia Anne Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Ellis B. Parsons Pittsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension Arteriosclerosis
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH 6 hours

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE Frank Lewis (DEGREE OR TITLE) M.D. ADDRESS Willards, Maryland DATE SIGNED May 3 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 5, 1954
NAME OF CEMETERY OR CREMATORY Old St. John Cemetery
LOCATION (City, town, or county) Near Powellville, Maryland (State)

DATE REC'D BY LOCAL REG. 5-4-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND
Walter R. Holloway
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY
BUREAU V. S.

05035

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5080 **CERTIFICATE OF DEATH** Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharptown
RURAL LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharptown X
STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Jane (Last) Phillips
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 3, 1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin H. Robinson
14. MOTHER'S MAIDEN NAME: Marietta E Cooper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mary Phillips Sharptown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) Arteriosclerosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accidental Fall - No bone broken

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~April~~ May 2, 1954, to ~~April~~ May 6, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 11 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) H S Kuhlman M.D. ADDRESS Sharptown Md DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/9/54
NAME OF CEMETERY OR CREMATORY Firemens
LOCATION (City, town, or county) Sharptown (State) MD
DATE REC'D BY LOCAL REGISTRAR 5/8/54
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J. Smith, Sharptown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1954
BUREAU V. S

5057

MARYLAND STATE DEPARTMENT OF HEALTH

05036

CERTIFICATE OF DEATH

Item 9 film G167 6/7/54 cm FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 409 Washington St

3. NAME OF DECEASED (Type or Print): (First) IRIS (Middle) REBECCA (Last) POPE

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 13, 1922

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory

11. BIRTHPLACE (State or Foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert C. Pope

14. MOTHER'S MAIDEN NAME: Esther Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Esther Gray (Mother) 409 Washington St

18. MEDICAL CERTIFICATION: Salisbury, Maryland

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage into Pleural, Pericardial and Peritoneal Cavities	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to Perforation of Heart, Right Auricle, Aorta, Liver, Intestine	
	(c) Multiple Gunshot Wounds	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): May 26, 1954 p m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Kendrick McCallough M.D. R.F.D. #1, Parsonsburg, Md. May 27 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 29 1954 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 5-28-54 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS: HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

VS. A15A

RECEIVED
JUN 2 1954
BUREAU V. S

Item 8,9 film G166 5/27/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05037

5058

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 725 N. Westover drive

3. NAME OF DECEASED: (Type or Print) (First) Lethia (Middle) (Last) Saunders

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1891 unk.

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edmore, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 228-32-4185

17. INFORMANT & ADDRESS: Lottie Simms, 725 Westover Dr. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

144-X

Immediate cause (a) Hemorrhage - Right Cerebral — 10 Min's

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma Alveolus - Epidermid — 6 Mo's

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to Cervical Lymph Glands

19a. DATE OF OPERATION: 5-7-54.

19b. MAJOR FINDINGS OF OPERATION Alive

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 ... , to May 16 , 1954., that I last saw the deceased alive on May 16 , 1954, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John M. Bloxom III — ADDRESS 324 N. Division Salisbury — DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5-20-54 — NAME OF CEMETERY OR CREMATORY Green Acres — LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5-17-54 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Booker & Wash — ADDRESS Salisbury Md.

VS. A15

RECEIVED
MAY 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05038

5059 CERTIFICATE OF DEATH Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman, Maryland
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED: (Type or Print) (First) Willy (Middle) Brown (Last) Savage

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 17, 1918

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Painter, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Savage

14. MOTHER'S MAIDEN NAME: Hattie Savage

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemoptysis — Interval Between Onset And Death: 24h.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Advanced Ca of lungs — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.3 ..., 1954, to 5.4 ..., 1954, that I last saw the deceased alive on 5.4 ..., 1954, and that death occurred at 7 05 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr V Fuerman MD Deers Head State Hospl. Salisbury 5.4.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 8th 1954 | NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery | LOCATION (City, town, or county) (State) Painter, Virginia

DATE REC'D BY LOCAL REGISTRAR 5-4-54 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR J Edgar Thomas | ADDRESS Accomac, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

05039

5081

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 337

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico Co
STATE: Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westfaquin
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westfaquin
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) Seldon

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1474

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westfaquin

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: c

17. INFORMANT AND ADDRESS: Tellos Seldon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from May 21st, 19.54., to May 29th, 19.54., that I last saw the deceased alive on May 29th, 19.54., and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Emerick	M.D.	Hebron Md.	June 2-54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 3. 1954	Westfaquin Cem.	Westfaquin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-2-54	Mary W. Holloway	Booker M. Wood	Salisbury, Md.

RECEIVED
JUN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05040

5082

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela X
LENGTH OF STAY (In this place) 78 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Riverton X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) New Riverton

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) Ernest (Last) Shockley
4. DATE OF DEATH (Month) May (Day) 10th (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 21st 1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Shockley
14. MOTHER'S MAIDEN NAME Laura Bradley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Calvin Shockley, Mardela, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — several years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

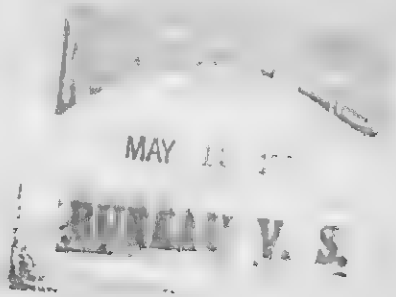
SIGNATURE (Degree or title) Charles G. Fisher M.D. ADDRESS Salisbury, Md DATE SIGNED 5/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/12/54
NAME OF CEMETERY OR CREMATORY MARDELA
LOCATION (City, town, or county) MARDELA (State) MD
DATE REC'D BY LOCAL REG. 5/11/54
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J. Smith, Sharptown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


MAY
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5060

05041

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital (D.O.A.)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.F.D. #3; Delmar Road

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HAYMAN (Last) TAYLOR

4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 4, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months 5 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Contractor Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Mt. Vernon Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlton C. Taylor

14. MOTHER'S MAIDEN NAME: Esther Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Miriam L. Taylor R.D. # 3

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured skull and neck; crushed chest — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway

21c. (City or town) Salisbury (County) Wicomico (State) Maryland

21d. TIME OF INJURY (Month) 5 (Day) 12 (Year) 54 (Hour) 3:55 P.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Ran into rear of truck (Route #13)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. Salisbury, Maryland

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 15,1954

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) Salisbury, Maryland (State)

DATE REC'D BY LOCAL REG. 5-15-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

MAY 18
U. S.

05042

MARYLAND

STATE DEPARTMETT OF HEALTH

5083

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH; COUNTY Wicomica MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boy Iron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) A. (Last) Truitt

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 22 1875
9. AGE last birthday 78/5/10 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Boy Iron Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry S. Sempson Davis
14. MOTHER'S MAIDEN NAME Annie K. Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Randolph Holloway Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage Rand H2

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 Day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1954, to May 2, 1954, that I last saw the deceased alive on May 2, 1954, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE Wm. Emrich (Degree or title) M.D. ADDRESS Helen - Md. DATE SIGNED May 2 - 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 4/54
NAME OF CEMETERY OR CREMATORY Whatcoat Methodist
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 5-5-54
REGISTRAR'S SIGNATURE Harry W. Holloway
24. FUNERAL DIRECTOR Clay E. Timmis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 7 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05043

CERTIFICATE OF DEATH

5061

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 114 Elizabeth St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) Long. (Last) ULMAN

4. DATE OF DEATH: (Month) MAY (Day) 28 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 20.1878.
9. AGE last birthday: 75. yrs. IF UNDER 1 YEAR: Months 6 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of ~~[illegible]~~ most of working life, ~~[illegible]~~): Owner Of
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store.
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Ulman
14. MOTHER'S MAIDEN NAME: Helena Long.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Cora B. Ulman (Wife) 114 Elizabeth, St. Salisbury, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute decompensation
DUE TO
Antecedent cause(s) (b) chronic myocarditis (arteriosclerotic)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1953, to May 28, 1954, that I last saw the deceased alive on May 28, 1954 and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS E. Main St. Salisbury, Md. DATE SIGNED May 28 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 30 - 1954
NAME OF CEMETERY OR CREMATORY Oheb Shalon Cemetery.
LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. 5-28-54
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS
Walter R. Holloway ~~Walter R.~~ Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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RECEIVED
JUN 2 1954
BUREAU V. S.

5062

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05044

Item 9 film G166 6/1/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 08 DAYS (Eight)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) R. R.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Roy Lee Vaughn	May 20 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	S	July 11, 1935	18 19 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Plant Employee	Frozen Foods	Burgoinsville, Tenn.	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Buford Vaughn	Ella Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no) or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No.	413-52-3245	Mr. Buford Vaughn, R.R. Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Chronic nephritis	10 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-12, 1954, to 5-20, 1954, that I last saw the deceased alive on 5-20, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wilbur R. Ellis Jr. MD	Salisbury, Md.	5-20-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5-20-54		Burgoinsville, Tenn.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-20-54	Mary W. Holloway	James Dunkin	Princess Anne Md.

RECEIVED
MAY 24 1954
BUREAU V. S.

Boston

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05045

5063

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) ✓

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia — COUNTY Accomac

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meats

STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Nettie		Ward	May	18	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White		Nov. 18, 1885	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Poulson, Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Killmon	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Grover Ward, Meats, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Uremia	3 Weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis	Undetermined
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 16, 1954, to May 18, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 8:57 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Bloxom III	MD	324 N. Division Salisbury	5-19-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5-21-54	Brotons Cemetery	Hallwood Va

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-21-54	Mary W. Holloway	Robert Shreves	Parksley, Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND · 5084

STATE DEPARTMENT OF HEALTH

06038

CERTIFICATE OF DEATH

Reg. Dist. No. 335

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela Springs - Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: San Domingo

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela Springs * Rural
STREET ADDRESS (If rural, give location): San Domingo

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Alexander (Last) Watts

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 18, 1887

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Watts

14. MOTHER'S MAIDEN NAME: Louisa Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 219-14-3741

17. INFORMANT AND ADDRESS: Mrs. Lillian Watts, Mardela Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1 7 7 X

Immediate cause (a): Carcinoma of Prostate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Carcinomatosis

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/11/54

19b. MAJOR FINDINGS OF OPERATION: Biopsy of Pelvic Bone

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1954 to 5/27, 1954 that I last saw the deceased alive on 5/24, 1954, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

SIGNATURE: Charles M. Mayes (Degree or title) ADDRESS: Laurel Del DATE SIGNED: 5/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 30, 1954

NAME OF CEMETERY OR CREMATORY: San Domingo Cemetery

LOCATION (City, town, or county) (State): Near Sharptown, Maryland

DATE REC'D BY LOCAL REG.: May 30, 1954

REGISTRAR'S SIGNATURE: Mary C. Owens

24. FUNERAL DIRECTOR — ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
JUN 9 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05046

5064

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, 12 — LENGTH OF STAY (in this place) 2 mos. 5 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 20-40-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital 70	STREET ADDRESS (If rural give location) 29 Goldsboro St.

3. NAME OF DECEASED: (Type or Print)	(First) Emma	(Middle)	(Last) Wilmot	4. DATE OF DEATH:	(Month) 5 (Day) 1 (Year) 1954
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W	8. DATE OF BIRTH: 8/8/1868	9. AGE last birthday: 85 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Carroll County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME: Joseph Longenecker	14. MOTHER'S MAIDEN NAME: Mary Yon				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —	16. SOCIAL SECURITY NO.: —	17. INFORMANT & ADDRESS: Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis due to — Interval Between Onset And Death: 72 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1954, to 5/1, 1954, that I last saw the deceased alive on 5/1, 1954, and that death occurred at 11:29 am, from the causes and on the date stated above.

SIGNATURE R J Gore (Degree or title) MD ADDRESS Deerhead Hosp. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 5-3-54	NAME OF CEMETERY OR CREMATORY Oxford Cemetery	LOCATION (City, town, or county) (State) Oxford Talbot Md.
DATE REC'D BY LOCAL REGISTRAR 5/3/54	REGISTRAR'S SIGNATURE N.A. Nerrie	24. FUNERAL DIRECTOR Maurice E. Newnam & Son	ADDRESS Easton, Md.

5-5-54 Mary W. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05047

5065 **CERTIFICATE OF DEATH** Reg. Dist. No. 322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury Rt — LENGTH OF STAY (in this place) 12 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardella
STREET ADDRESS (If rural, give location) R.D. #

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Washington (Last) Wilson
4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 19 54
5. SEX: M.
6. COLOR OR RACE: Wht.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Jan. 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farming
10b. KIND OF BUSINESS OR INDUSTRY: On Own Farm
11. BIRTHPLACE (State or foreign country): Md. Mardela
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W. Wilson
14. MOTHER'S MAIDEN NAME: Virginia Twilley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Nellie Wilson (Wife) R.D. Mardela Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardiovascular disease	1 year.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerosis general	?
	(c) DUE TO Parkinson disease	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — 8 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1954, to 5/30, 1954, that I last saw the deceased alive on 5/29, 1954, and that death occurred at 12:36 A.m., from the causes and on the date stated above.

SIGNATURE Dr. V Guerman (DEGREE OR TITLE) ADDRESS M.D. Deers Head Hospital, Salisbury Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 1, 1954 — NAME OF CEMETERY OR CREMATORY Mardela Cemetery (Old) — LOCATION (City, town, or county) Mardela (State) Maryland
DATE REC'D BY LOCAL REG. 6-1-54 — REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY — ADDRESS SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
JUN 3 1954
BUREAU V. S.